



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 129482		2. Exact name of the Corporation RHODE ISLAND COUNSELING & HYPNOTHERAPY CENTER, INC			
3. Principal Office Address 40 RALLS DRIVE		City CRANSTON		State RI	Zip 02920
4. NAICS Code 62 - Health Care and Social As	6. Brief description of the character of business conducted in Rhode Island TO PRACTICE AS A PROFESSIONAL COUNSELOR IN THE AREA OF HUMAN DEVELOPMENT AND MENTAL HEALTH				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NORMA A. FARAONE - LEDGARD			Vice-President Name NORMA A. FARAONE - LEDGARD		
Street Address 40 RALLS DRIVE			Street Address 40 RALLS DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name NORMA A. FARAONE - LEDGARD			Treasurer Name NORMA A. FARAONE - LEDGARD		
Street Address 40 RALLS DRIVE			Street Address 40 RALLS DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		COMMON		\$1.00	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative NORMA A. FARAONE - LEDGARD					Date
Signature of Authorized Representative <i>Norma A. Faraone-Ledgard</i>					FILED FEB 08 2017 1864 BY <i>[Signature]</i>

MAIL TO:
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